


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 703791</b>	
1. Entity Name <b>PALM BEACH ISLES PROPERTY OWNERS ASSOCIATION, INC.</b>	
	
Principal Place of Business <b>1281 N. OCEAN DR PMB 138 WEST PALM BEACH, FL 33404 US</b>	Mailing Address <b>1281 N. OCEAN DR PMB 138 WEST PALM BEACH, FL 33404 US</b>



05102007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0500408</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**CONTOLE WILLIAM L.  
1030 GRAND BAHAMA  
RIVIERA BEACH, FL 33404**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**000000764110  
05/30/07-80042-017 61.25**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOPMANN, DICK 1111 GULFSTREAM WAY RIVIERA BEACH, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONTOLE, WILLIAM L. 1030 GRAND BAHAMA RIVIERA BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FISHBANE, MARSHA 1040 BIMINI LN RIVIERA BEACH, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RITTS, BILL 1160 CORAL WAY WEST PALM BEACH, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEUMANN, DON 1090 FAIRVIEW LANE WEST PALM BEACH, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OETZMAN, BARBARA 1071 FAIRVIEW LANE RIVIERA BEACH, FL 33404

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Barbara W Oetzman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*May 1, 2007* *561-848-0495*  
Date Daytime Phone #